

DEFENSE MANAGEMENT EDUCATION AND TRAINING PROGRAM REQUIREMENTS/QUOTA ASSIGNMENTS					FISCAL YEAR		REPORT CONTROL SYMBOL		
TO:					FROM:				
SUBMITTING SERVICE/AGENCY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DSA <input type="checkbox"/> OTHER-DOD <input type="checkbox"/> NON DOD									
NAME OF SCHOOL									
RESIDENT/NON-RESIDENT COURSES									
COURSE NUMBER	COURSE TITLE	FISCAL YEAR	QTR.	REQUIREMENTS			QUOTAS		
				OF CR.	ENLIST.	CIV.	OF CR.	ENLIST.	CIV.
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